Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati Number : | on 200 | 2005279 Report Filed By: | | | | | CAND | DATE | | соми | ITTEE | ✓ | LOBE | SYIST | | | |
|--|-------------------------------|------------------------------------|-----------------------------------|-------|--------|-------|----------------|--------------------|----------|-------------|--------------|--------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C | ommittee, Candi | date or L | obbyist: | į | Bake | er E | lisabe | th for Se | enate | | | | | | | | |
| Street Address: | 1095 Mounta | in View | Drive | | | | | | | | | | | | | | |
| City: | Dallas | | | | | | | State: | PA | | | Zip Cod | ie: 18 | 8612 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY I PRIMARY | PRE- | . 2 | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | • | / |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - 5 | 5. | 30 DA ELECT | | POST- | 6. X | | TERMINA REPORT | | Yes | No | | / |
| report type) | ANNUAL REPORT | 7. | Year 2012 | | | | | IG METH CHECK O | | | | | | / | DISKE | TTE | |
| Name of Office S | ought by Candida | ate: | - | | _ | | | DATE C | F ELE | CTIC | N | District Number | Office Code | Par | ty Code | Coun | |
| SENATOR IN TH | HE GENERAL ASS | EMRI V | | | | | | МО | DAY | YI | AR | 20 | STS | REP | | 40 | |
| SCINATOR IN TI | IL GLINLRAL ASS | PLMDLI | | | | | | 11 | | 6 | 2012 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) | 1 |
| | Receipts and | МО | DAY YI | EAR | | | | МО | DAY | Y | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | from: | | 10 23 | 20 | 012 | Т | 0 | 11 | | 26 | 2012 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 87, | 536.77 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eceipts (From Schedule I) \$ 0.00 | | | | | | | | | | | | | | |
| C. Total Funds | Available (Sum O | (Sum Of Lines A and B) \$ 87,536.7 | | | | | 36.77 | | | | | | | | | | |
| D. Total Expend | ditures (From Scl | res (From Schedule III) | | | | \$ | | | 2,8 | 396.33 | | | | | | | |
| E. Ending Cash | Balance (Subtra | t Line D | D From Line C) | | | \$ | | | 84,6 | 40.44 | | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sche | edul | e II |) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | | | | |
| | | | Δ | \FF | IDA | ۱V | T SE | CTION | | | | | | | | | |
| PART I - If this is | a Committee rep | ort, trea | surer sign hei | re. I | f thi | is is | a Can | ididate r | eport, o | candi | date sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | that this report, incete. | cluding the | e attached sched | lules | filed | d on | paper (| or by elect | tronic m | edium | , are to t | the best o | f my kno | wledge a | and belie | ef , tru | ıe |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | 9 | Signature | of Perso | n Submit | ting Rep | ort | | _ |
| | Signat | ure | | | | | - | | | | | Prin | ted Name | e | | | _ |
| My Commission Ex | pires | | | | | | | | | | | Ema | il | | | | |
| | мо | D | AY | YR | | | | | Ar | ea Cod | le | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a car | didate's | authorized Co | mm | itte | e, C | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowle | edge and belief | this | politi | ical | commi | ittee has r | ot viola | ted ar | y provis | ions of th | e act of J | une 3,19 | 937 (P.L. | . 1333 | 3, |
| Sworn to and subsc | | 3 | | | | | | | | | s | ignature o | of Candid | ate | | | - |
| | day of | | | | | | - | | | | | Printe | d Name | | | | - |
| | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | • | | Area | Code | | Da | aytime T | elephon | e Numbe | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------|--------------|------------|
| Baker Elisabeth for Senate | From: | 10/23/201 | <u>2</u> To: | 11/26/2012 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 0.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 0.00 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (2) | \$ | 0.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting |) Period | (4) | \$ | 0.00 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 0.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | this Part to itemize onl with an aggregate valu | - | | | - | | | |
|------------------------|--|-------------------|-----|---------|--------|------|----|------------|
| Name of Filing Comm | nittee or Candidate | | Re | porting | Period | | | |
| | | | Fro | om: | | То | : | |
| | | L | | | DATE | | | AMOUNT |
| Full Name of Contribut | ing Committee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | • | • | | | | - | | DAGE TOTAL |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee or Candid | Name of Fining Committee of Candidate | | | Reporting Period From: To: | | | | | |
|------------------------------------|---------------------------------------|-------------------|---|----------------------------|------|------|----------|-------|--|
| | | | | | DATE | | AN | 4OUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | 1 | | | | | | |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL\$ 0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

| Name of Filing Committee or Candi | me of Filing Committee or Candidate | | Reporting Period | | | | | |
|-----------------------------------|-------------------------------------|---------------|------------------|------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | Α | MOUNT |
| Full Name of Contributing Commit | tee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on S | Schedule I, Detail | ed Summary Pa | age, Sectio | n 3. | | | \$ | 0.00 |

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate | | | | Rep | orting Pe | riod | | | | |
|--|---------------|-----------|--------------|---------|-----------|-------|------|--------|-------------|------|
| | | | | Fror | n: | | To | o: | | |
| | | | | | D | ATE | | A | AMOUNT | |
| Full Name of Contributor | | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | | \$ | | 0.00 |
| City | State | Zi | p Code (Plus | s 4) | | | | | | |
| Employer Name | | | | | Occupa | tion | | | | |
| Employer Mailing Address/Principal Pla Business | ice of | | City | | • | State | | Zip Co | de (Plus 4) | |
| Enter Grand Total of Part C on Sch | edule I, Deta | iled Sumr | mary Page, | Section | on 3. | | | | PAGE TOTA | |
| | | | | | | | | \$ | 0 | .00 |

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee or | Candidate | | Repor | ting Perio | od | | | |
|-------------------------------|-------------------------|-------------------|---------|------------|-----|------|----|----------|
| | | | From: | | | To: | | |
| | | | • | D | ATE | | AI | MOUNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | • | | • | | • | • | |
| Enter Grand Total of Part E o | on Schedule I. Detailed | d Summary Page | Section | 4 | | | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet | . Jammar y r uge, | 500.011 | | | | \$ | 0.00 |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Peri | od | |
|--|----------------|------------------------------|------------|
| Baker Elisabeth for Senate | From: | <u>10/23/2012</u> To: | 11/26/2012 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | 1 | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candid | ate | | Reporting Period | | | | | | |
|------------------------------------|--------------------|-----------------------|----------------------------------|-----------|------|-----------|------------|--|--|
| | | | From: DATE MO DAY YEAR lus 4) | | | To: | | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| Description of Contribution: | | | | | | | | | |
| Enter Grand Total of Part F on S | chedule II, In-Kir | nd Contributions Deta | iled Sun | nmary Pag | je, | | PAGE TOTAL | | |
| Section 2. | | | | | | \$ | 0.00 | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidat | e | | | | Re | porting F | Period | | | |
|---|--------------|---------|------------|---------|-------|-----------|-----------|--------|-----------|--------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | |
| Employer of Contributor | | | • | | | Occupa | tion | | • | |
| Employer Mailing Address/Principal Pla Business | ace of | City | | State | | Zip 4) | Code(Plus | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sc Summary Page, Section 3. | hedule II, I | In-Kind | Contributi | ons De | taile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Ca | andidate | | Reporti | ng Period | | | |
|---|------------------|-------------------|---------------|-------------|----------|-----|------------|
| Baker Elisabeth for Senate | | | From | 10/2 | 3/2012 | То: | 11/26/2012 |
| | | _ | | DATE | | | AMOUNT |
| To Whom Paid Blooming Grove Republican Clu | ıb | | мо | DAY | YEAR | | |
| Mailing Address 693 Route 7 | 739, Suite 1 | | 10 | 25 | 2012 | \$ | 50.00 |
| City Lords Valley | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | ! | |
| | PA | 18428 | | sement | | | |
| To Whom Paid Luzerne County Republican Cor | mmittee | • | МО | DAY | YEAR | | |
| Mailing Address 612 Wyomii | ng Avenue | | 10 | 25 | 2012 | \$ | 100.00 |
| City West Pittston State Zip Code (Plus 4) | | | Descrip | tion of Exp | enditure | ! | |
| PA 18643 | | | | Γickets | | | |
| To Whom Paid North Branch Land Trust | | | МО | DAY | YEAR | | |
| Mailing Address 11 Carverto | on Road | | 10 | 25 | 2012 | \$ | 100.00 |
| City Trucksville | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 18708 | Event 7 | - | | | |
| To Whom Paid Pike County Republican Commi | ittee | | МО | DAY | YEAR | | |
| Mailing Address 1433 Route | 590 | | 10 | 25 | 2012 | \$ | 70.00 |
| City Hawley | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| , | PA | 18428 | Event Tickets | | | | |
| To Whom Paid | <u> </u> | · | мо | DAY | YEAR | | |
| Pocono Alliance | | | | | | | |
| Mailing Address 912 Main St | treet, Suite 300 | | 10 | 25 | 2012 | \$ | 25.00 |
| City Stroudsburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure |) | |
| | | | | | | | |

18360

Event Ticket

PA

| | | | | | | PAGI | 12 |
|---|----------------------------|-----------------------------------|-------------------------|------------------------|-----------|------|--------|
| To Whom Paid Friends of the Hoyt Library | (| | МО | DAY | YEAR | | |
| Mailing Address P.O. Bo | ox 1225 | | 10 | 25 | 2012 | \$ | 60.00 |
| City Kingston | State PA | Zip Code (Plus 4) 18704 | Descrip Event 1 | otion of Exp | penditure | | |
| To Whom Paid The First Lieutenant Micha | el J. Cleary Memorial Fund | | МО | DAY | YEAR | | |
| Mailing Address 272 Ov | verbrook Avenue | | 10 | 25 | 2012 | \$ | 100.00 |
| City Dallas | State PA | Zip Code (Plus 4) 18612 | | otion of Exp sement | penditure | | |
| To Whom Paid Flight 93 National Memoria | al Fund | | МО | DAY | YEAR | | |
| Mailing Address P. O. B | ox 96591 | | 11 | 1 | 2012 | \$ | 100.00 |
| City Washington | State DC | Zip Code (Plus 4) 20090 | Descrip Donation | otion of Exp | enditure | | |
| To Whom Paid Heather Kukosky | | | МО | DAY | YEAR | | |
| Mailing Address 1061 M | lountain View Drive | | 11 | 8 | 2012 | \$ | 176.60 |
| City Dallas | State PA | Zip Code (Plus 4) 18612 | | otion of Expension | enditure | | |
| To Whom Paid Verizon Wireless | | | МО | DAY | YEAR | | |
| Mailing Address P.O. Bo | ox 4003 | | 11 | 8 | 2012 | \$ | 138.99 |
| City Acworth | State GA | Zip Code (Plus 4) 30101 | 1 | otion of Expone Servic | | | |
| To Whom Paid Elisabeth J. Baker | | | МО | DAY | YEAR | | |
| Mailing Address P.O. Box 59 -1041 Mountain View Drive | | | 11 | 8 | 2012 | \$ | 117.74 |
| City Lehman State Zip Code (Plus 4) PA 18627 | | | | otion of Exp | enditure | - | |

| To Whom Paid Jennifer Wilson | | | МО | DAY | YEAR | | | |
|---|------------------|--------------------|-----------------------------------|-------------------------------------|--|--------------------|--------|--------|
| Mailing Address 1456 Chase Road | | | 11 | 8 | 2012 | \$ | 193.19 | |
| City Shavertown | St | t ate PA | Zip Code (Plus 4) 18708 | | ription of Expenditure ge/Meetings/Cell Phone Service | | | |
| To Whom Paid Elizabeth L. Clancy | | | МО | DAY | YEAR | | | |
| Mailing Address 2714 Horseshoe Pike | | | 11 | 8 | 2012 | \$ | 268.04 | |
| City Palmyra | St | PA | Zip Code (Plus 4) 17078 | | otion of Expenditure ourg Office Supplies | | | |
| To Whom Paid Elisabeth J. Baker | | | МО | DAY | YEAR | | | |
| Mailing Address P.O. Box 59 - 1041 Mountain View Drive | | | 11 | 15 | 2012 | \$ | 100.00 | |
| City Lehman | St | tate PA | Zip Code (Plus 4) 18627 | Description of Expenditure Expenses | | | | |
| To Whom Paid Bruce G. Mackle | | | | МО | DAY | YEAR | | |
| Mailing Address 343 Golf Hill Road | | | 11 | 15 | 2012 | \$ | 19.78 | |
| City Honesdale | C+ | tate | 7' CI (DI 4) | Description of Expenditure Supplies | | | | |
| r Hollesuale | | PA | Zip Code (Plus 4) 18431 | | | enditure | | |
| To Whom Paid Dallas Fire & Ambulance | | | | | | YEAR | | |
| To Whom Paid Dallas Fire & Ambulance | | | | Supplie | s | | \$ | 100.00 |
| To Whom Paid Dallas Fire & Ambulance | , Inc. Box 41 | | | MO 11 | DAY 15 tion of Exp | YEAR 2012 | \$ | 100.00 |
| To Whom Paid Dallas Fire & Ambulance, Mailing Address P.O. I | , Inc. Box 41 | PA | 18431 Zip Code (Plus 4) | MO 11 Descrip | DAY 15 tion of Exp | YEAR 2012 | \$ | 100.00 |
| To Whom Paid Dallas Fire & Ambulance Mailing Address P.O. I City Dallas To Whom Paid Pike County Conservatio | , Inc. Box 41 | PA | 18431 Zip Code (Plus 4) | MO 11 Descrip Donatio | DAY 15 tion of Exp | YEAR 2012 enditure | \$ | 100.00 |

| | | | | | | | PAGE 14 |
|--|---------------------|-----------------------------------|---|-----|------|----|------------|
| To Whom Paid Ballet Northeast, Inc. | | | | DAY | YEAR | | |
| Mailing Address P.O. Box 1618 | | | 11 | 19 | 2012 | \$ | 125.00 |
| City Wilkes Barre | State PA | Zip Code (Plus 4) 18703 | Description of Expenditure Advertisement | | | | |
| To Whom Paid Elisabeth J. Baker | | | | DAY | YEAR | | |
| Mailing Address P.O. Box 59-1041 Mountain View Drive | | | 11 | 19 | 2012 | \$ | 164.40 |
| City Lehman | State PA | Zip Code (Plus 4) 18627 | Description of Expenditure Meeting Lunch Expenes | | | | |
| To Whom Paid Pocono Health Foundation | | | | DAY | YEAR | | |
| Mailing Address 206 East Brown Street | | | 11 | 19 | 2012 | \$ | 50.00 |
| City East Stroudsburg | State PA | Zip Code (Plus 4) 18301 | Description of Expenditure Donation | | | | |
| To Whom Paid Levin Promotional Products | • | · | мо | DAY | YEAR | | |
| Mailing Address 3301- C Hoffman Street | | | 11 | 19 | 2012 | \$ | 727.59 |
| City Harrisburg | State PA | Zip Code (Plus 4) 17110 | Description of Expenditure Supplies-Promotional items | | | | |
| To Whom Paid Wayne County Community Foundation | | | | DAY | YEAR | | |
| Mailing Address 214 9th Street | | | 11 | 19 | 2012 | \$ | 75.00 |
| City Honesdale | State PA | Zip Code (Plus 4) 18431 | Description of Expenditure Event Tickets | | | | |
| Enter Grand Total of Expendi | tures on Page 1. Re | port Cover Page. Item D | | | | | PAGE TOTAL |
| | 25 o age 1/ Ne | Fara core age, Item D | = | | | \$ | 2,896.33 |